

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-009262

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

2239

STATE FILE NUMBER

FILED MAR 8 1963

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>		c. CITY OR TOWN <u>St. Louis</u>	
Length of stay in lb <u>56 years</u>		Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home - 1449A CLINTON ST.</u>		d. STREET ADDRESS (If outside, give location) <u>1449a Clinton</u>	
3. NAME OF DECEASED (Type or print) First <u>Alexandria</u> Middle <u>Remisiewski</u> Last		4. DATE OF DEATH Month <u>2</u> Day <u>27</u> Year <u>63</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>4-12-97</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>cleaning woman</u>		11. BIRTHPLACE (City and state or country) <u>Bialystok, Poland</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>UNITED-ELECTRIC CO.</u>		12. CITIZEN OF WHAT COUNTRY <u>Alien</u>	
13a. FATHER'S NAME <u>Joseph - DOBROGOWSKI</u>		13b. MOTHER'S MAIDEN NAME <u>KATHERINE Dybacka</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u> <u>NONE</u>		17. INFORMANT <u>Frank Remisiewski</u> Address <u>1449a Clinton</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinomatosis Secondary to Carcinoma of the gallbladder 6 mo.</u> DUE TO (b) <u>1551</u> DUE TO (c)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>SA</u> Month, Day, Year <u>1/15/63</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>ST. LOUIS</u> COUNTY <u>MO.</u> STATE	
21. I attended the deceased from <u>1/15/63</u> to <u>2/27/63</u> and last saw him alive on <u>2/13/63</u> Death occurred at <u>SA</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Thomas Alex W...</u>		22b. ADDRESS <u>3720 Washington Ave</u>	
22c. DATE SIGNED <u>2/27/63</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>MAR. 2ND 1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>CALVARY-CEMETERY</u>	
23d. LOCATION (City, town, or county) <u>ST. LOUIS</u>		23e. STATE <u>MO.</u>	
24. FUNERAL DIRECTOR <u>Brockland Funeral Home</u> ADDRESS <u>1827 Hogan</u>		25. DATE RECD. BY LOCAL REG. <u>FEB 28 1963</u>	
26. REGISTRAR'S SIGNATURE <u>Paul Smith, M.D.</u>			

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBONVS' 300
Rev. 4/59

DATE AMENDED

INSTEAD OF

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

J. W. Binkley

Licensed Embalmer No. 3653

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.